Audits – Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

February 4, 2008

Randolph F. Snowden, Director Napa County Health and Human Services Agency Mental Health Department 2261 Elm Street Napa, CA 94559

Dear Mr. Snowden:

#### AUDIT REPORT - NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Napa County Mental Health for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

### Net Program Costs

		<u>Settled</u>	į	Allowed	<u>Ad</u>	justment
Federal Share of Short-Doyle/Medi-Cal	\$ 2	2,449,637	\$ 2	2,526,192	\$	76,555
Federal Share of Healthy Families/Medi-Cal	\$	0	\$	0	\$	0
State General Funds EPSDT Due State	\$	401,711	\$	398,099	\$	(3,612)

Randolph F. Snowden, Director February 4, 2008 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

FX WALTER J. HILL, JR., MBA, EA

Chief of Audits

MABEL GILTNER, Supervisor Audits – Bay & Central Region

**Enclosures** 

CERTIFIED MAIL

# NAPA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

NET REIMBURSABLE MEDI-CAL PROGRAM COSTS		_	As Settled	Audit Adjustments	As Audited
COUNTY PROVIDERS  MEDI-CAL - FFP  HEALTHY FAMILIES - FFP  TOTAL FFP - COUNTY PROVIDERS	(Sch. 2a) (Sch. 2a)	\$ \$	1,768,642 \$ 0 1,768,642 \$	65,361 0 65,361	\$ 1,834,003 0 \$ 1,834,003
CONTRACT PROVIDERS  MEDI-CAL - FFP  HEALTHY FAMILIES - FFP  TOTAL FFP - CONTRACT PROVIDERS	(Sch. 3b) (Sch. 3b)	\$ \$	680,995 \$ 0 680,995 \$	11,194 0 11,194	0
TOTAL FFP - COUNTY PLUS CONTRACT PR MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PLUS CONTRACT PR	-	\$ \$	2,449,637 \$ 0 2,449,637 \$	76,555 0 76,555	\$ 2,526,192 0 \$ 2,526,192
SUMMARY OF STATE GENERAL FUNDS  EPSDT - SGF	(Sch. 4)	\$	401,711 \$	(3,612)	\$ 398,099

# NAPA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

#### COUNTY OPERATED FEDERAL

						Audit		
			_	As Settled		Adjustments		As Audited
Tota	al Medi-Cal Gross Reimbursement							
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0 9	\$	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		2,470,048		(9,381)		2,460,667
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		61,707		(52)		61,655
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		0	_	0		0
9.	Total		\$	2,531,755	\$ _	(9,433)	\$	2,522,322
Les	s: Patient & Other Payor Revenues							
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0 9	\$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		18,263		0		18,263
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14.		(MH1968, Ln 30)		0		0		0
15.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18.	Total		\$	18,263	\$	0 5	\$	18,263
Me	di-Cal Net Reimbursement for Direct Services							
19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0 3	\$	0
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		2,513,492		(9,433)		2,504,059
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22.	, 5 ,	(Ln 6 - Ln 15)		0		0		0
23.	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		. 0
24.		(Ln 8 - Ln 17)		0		0		0
25.	Total	,	\$ =	2,513,492	\$	(9,433)	\$	2,504,059
Me	di-Cal MAA Reimbursement							
	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	188,496	\$	(6,060)	\$	182,436
	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	Ψ	34,704	*	(0)	~	34,704
	Service Functions 21-19	(MH1979, Ln 13, Col. A)		22,132		4,242		26,374
	Total	(m. 1777, tall 13, COl. A)	\$	245,332	- \$	(1,818)	ς —	243,514
4).	TOM		Ψ <sub>=</sub>	472,334	= ":	(1,010)	Ψ <u></u>	477,217

# NAPA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL					Audit		
			As Settled		Adjustments	_	As Audited
Amount Negotiated Rates Exceed Cost							
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
36. Total		\$_	0	\$_	0	\$_	0
Medi-Cal Administrative Reimbursement		_				_	
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	629,475	_	(2,878)	_	626,597
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$_	1,387,228	\$_	197,639		1,584,867
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$ _	629,475	\$=	(2,878)	\$ =	626,597
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Limi	t (MH1979, Ln 8)	\$	0	\$	0	\$	0
41. Healthy Families Administration	(MH1979, Ln 9)	\$	0	\$	0	· ` - \$	0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$	0	* - \$	0		0
12. Ioutily Fullimos Fullimistrative Reimoursoniem	(Lower of Ell 10, Ell 11)	*=	<del>– 14 iu 11 iu 12 iu 14 i</del> u	=		=	
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$_	66,645	\$_	54,250	\$_	120,895
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$_	2,904	\$_	2,363	\$_	5,267
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	1,234,045	¢	24,815	¢	1,258,860
46. Enhanced (Children)	(MH1979, Ln 17,17A)	Ψ	40,224	Ψ	(34)	Ψ	40,190
. ,			40,224		0		40,190
47. Enhanced (Refugees)	(MH1979, Ln 18)						
48 MAA	(MH 1979, Ln 11, 12 & 13	)	128,199		151		128,350
49. Administrative Reimbursement	(MH1979, Ln 6)		314,738		(1,440)		313,298
50. U.R. Skilled Professional	(MH1979, Ln 14)		49,984		40,687		90,671
51. U.R. Other	(MH1979, Ln 15)		1,452		1,182		2,634
52. Negotiated Rate-Payback	(MH1979, Ln 20)	_	0		0		0
53. Subtotal- FFP		\$ =	1,768,642	- \$ =	65,361	= \$ =	1,834,003
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj # )	_	0		0		0
56. Total SD/MC Reimbursement - FFP		¢	1,768,642	¢	65,361	¢	1,834,003
		Ψ=	1,708,042	= Ψ=	03,301	= " =	1,034,003
Net Healthy Families Reimbursement - FFP							
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	0	\$	0	\$	0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
59. Administrative Reimbursement	(MH1979, Ln 10)	_	0		0		0
60. Total Healthy Families Reimbursement - FFP		\$ =	0	= \$ =	0	= \$ =	0
61. Total - FFP (Ln 56 + Ln 60)		\$	1,768,642	\$	65,361	\$	1,834,003
,		=		= =		= =	(To Sch. 1)

#### NAPA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		8888	(1)	{2}	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			Medi-Cal	Enhanced -	Enhanced -	Total	Healthy	Medi-Cal	Enhanced -	Enhanced -	Total	Healthy
Legal		а	nd Crossover	Children	Refugees	Gross Cost	Families	and Crossover	Children	Refugees	Gross Cost	Families
Entity			Gross Cost	<b>Gross Cost</b>	Gross Cost	(Excl. HFP)	Gross Cost	<b>Gross Cost</b>	Gross Cost	Gross Cost	(Excl. HFP)	<b>Gross Cost</b>
Numbe		12.5		l N P		E N T			O U T	PATI		
		-	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 6 to 8)	(MH 1968,
		Lr	n 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)	, ,	Ln 27, 27A)
00070	Burkeleur	e	0 \$	0 \$	0 :	\$ 0 \$	0.8	44,169 \$	0 -	5 0 \$	44,169 \$	
00270 00271	Buckelew Progress Foundation	Φ	0 \$	0 \$								
00463	Aldea, Inc	\$	0 \$	0 \$								
00403	River Oak Center for Children	\$	0 \$	0 \$								
00997	Bayberry, Inc.	s	0 \$	0 \$								
00001	Daysony, me.	\$	0 \$	0 \$						5 0 \$		
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			0 \$	0 \$	0 \$	0 \$	0 \$	1,339,126 \$	3,126	0 s	1,342,252 \$	0

#### NAPA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	<u>Legal Entity</u>	[	(11) Total Revenue (Excl. HFP) IN P. A. T (MH 1968, Ln 28 to 30)	Healthy Families Revenue  I.E.N.T  (MH 1968, Ln 31)	(13) Total Revenue (Excl. HFP) O: U: T P: A: T (MH 1968, Ln 28 to 30)	(14) Healthy Families Revenue 1 E.N.T. (MH 1968, Ln 31)	(15) Total Net Cost (Excl. HFP) IN P.A. (Col 4-11)	Net Cost Healthy Families (Col 5-12)	Total Net Cost (Excl. HFP)  O. U.T. P. A (Col 9-13)	Net Cost Healthy Families (Col 10-14)	(19) Total MAA FFP Reimbursement (MH 1979, Ln 11-13)
00270	Buckelew	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	44,169 \$	0 \$	0
00271	Progress Foundation	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	655,142 \$	0 \$	0
00463	Aldea, Inc	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	602,765 \$	0 \$	Ô
00512	River Oak Center for Children	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	24,347 \$	0 \$	0
00997	Bayberry, Inc.	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	15,829 \$	0 \$	0
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	GRAND TOTAL	\$_	0 \$	0 \$		0 \$	0 \$	0 \$	1,342,252 \$	0 \$	0

#### NAPA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		300	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
			Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates					
Legal			Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity			(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity	1		TIENT		TIENT	(FFP)	(FFP)	(FFP)	Maximum	Maximum
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
00270	Buckelew	\$	0 \$	0 \$	0 \$	0 \$	22,999	0 \$	22,999 \$	155,759 \$	22,999
00271	Progress Foundation	\$	0 \$	0 \$	0 \$	0 \$				635,085 \$	338,435
00463	Aldea, Inc	\$	0 \$	0 \$	0 \$	0 \$	310,139	0 \$	310,139 \$	434,371 \$	310,139
00512	River Oak Center for Children	\$	0 \$	0 \$	0 \$	0 \$				13,233 .\$	12,539
00997	Bayberry, Inc.	\$	0 \$	0 \$	0 \$	0 \$			8,077 \$	13,838 \$	8,077
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0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
	ODAND TOTAL						202.422				
	GRAND TOTAL	\$ ૄ	0 \$	0 \$	0 \$	0 \$	692,189 \$	0 \$	692,189 \$	1,252,286 \$	692,189

(To Sch. 1)

#### NAPA COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	3,865,503	(19,192)	3,846,311
(2) Total SD/MC Claims	4,132,704	0	4,132,704
(3) Percent % (Line 1/Line 2)	0.9353	(0.0046)	0.9307
(4) EPSDT Claims	1,691,233	0	1,691,233
(5) Actual Cost Settled EPSDT SD/MC			
(Line 3 X Line 4)	1,581,810	(7,778)	1,574,032
(6) Cost Settled Baseline for EPSDT	745,236	0	745,236
(7) Net Cost Settlement Amount			
(Line 5 - Line 6)	836,574	(7,778)	828,796
(8) 48.56% of Cost Settlement Amount			
(Line 7 x 48.56%)	406,240	(3,777)	402,463
(8a) FY 2001-02 EPSDT Settlement	360,951	(2,128)	358,823
(48.64% of Net Cost Settlement Amount (8))			
(8b) Annual Local Growth (L. 8 - 8a)	45,289	(1,649)	43,640
(9) County Match 10% of Local Growth (8b x 10%)	4,529	(165)	4,364
(10) Net Cost Settlement Amount (L. 8 - 9)	401,711	(3,612)	398,099
(11) SGF Distribution (Settled and Audited)	401,711	0	401,711
(12) SGF Due County (State)	0	(3,612)	(3,612)
	Western Company of the Company of th		(To Sch. 1)

#### Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

Provider	T		•		Provider Number		No. of Adj.	<del></del>	Fiscal F			
	NAPA COUN	NTY			00028		62		June	30, 20	03	
	Report Refe	rence					As	1	ncrease		As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS		Reported	(L	ecrease)	Adjusted		
				ADJUSTMENTS TO REPORTED COSTS								
1	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$	9,861,896	\$	(65,859)	\$	9,796,037 *	
				To eliminate the remaining payments related to inpatient mana	iged care.							
2	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		** \$	9,796,037	\$	(94,950)	\$	9,701,087 *	
				To eliminate the Matrix cost from Mode 60. The cost has alreat eliminated as part of payments to contract providers.	ady been							
3	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		** \$	9,701,087	\$	(6,217)	\$	9,694,870	
				To adjust the Program 2 costs to agree with the County's reco	rds.							
4	MH 1960	18	С	MODE COSTS (DIRECT SERVICE AND MAA)		\$	6,086,886	\$	(167,026)	\$	5,919,860 *	
				To adjust Mode Costs in conjunction with Adjustments 1, 2, an	d 3.							
				Inpatient Managed Care (adj. #1) Matrix (adj. #2) Program 2 (adj. #3)	\$ (65,859) \$ (94,950) \$ (6,217) \$ (167,026)							
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.								

Provide			· · · · · · · · · · · · · · · · · · ·		Provider Number 00028	No. of Adj. 62		eriod Ended 30, 2003
	NAPA COU				00026			
	Report Refe	rence	1	EXPLANATION OF AUDIT ADJUSTMEN	TS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN				·····
				ADJUSTMENTS TO REPORTED COSTS				
5 6	MH 1960 MH 1960 MH 1960	9 11 12	3 3 3	SD/MC ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		\$ 1,387,228 2,207,557 3,594,785	\$(1,387,228) (2,207,557) -	\$0 * 0 * 3,594,785 *
				To eliminate the reported distribution of administrative costs. Corredistributed after adjustments to administrative costs below.	sts will be			
7 8	MH 1960 MH 1960	12 18	3	TOTAL ADMINISTRATIVE COSTS MODE COSTS (DIRECT SERVICE AND MAA)		** \$ 3,594,785 ** 5,919,860	\$ (105,460) 105,460	\$ 3,489,325 * 6,025,320 *
				To adjust for Administrative Costs transferred to the MAA Program The transfer of cost occurred; but the corresponding reduction of Total Administrative Costs did not occur resulting in Direct Servic being understated.	cost to			
9 10	MH 1960 MH 1960	12 18	3 3	TOTAL ADMINISTRATIVE COSTS MODE COSTS (DIRECT SERVICE AND MAA)		** \$ 3,489,325 ** 6,025,320	\$ (77,836) 77,836	\$ 3,411,489 * 6,103,156
				To reclassify the cooks' salaries from Administration to Support S	Services.			
								;
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provider					Provider Number	1	No. of Adj.		Fiscal P			
	NAPA COUN	ITY			00028		62		June	30, 20	)3	
	Report Refer	rence					As Reported	1	ncrease ecrease)		As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	EXPLANATION OF AUDIT ADJUSTMENTS			(D	ecrease)	Aujusteu		
				ADJUSTMENTS TO REPORTED COSTS								
11 12	MH 1960 MH 1960 MH 1960	9 11 12	3 3	SD/MC ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS  To allocate Total Administrative Costs between SD/MC and No	on SD/MC	** **	\$0 0 3,411,489		1,584,867 1,826,622	\$	1,584,867 1,826,622 3,411,489	
		:		Administration based on the gross cost method percentages o for SD/MC and 53.5432% for Non SD/MC.	140.4300%							
13 14 15	MH 1960 MH 1960 MH 1960	13 14 15	3 3 3	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW  To allocate Total Utilization Review Costs using the Medi-Cal Eligibility Factor percentage of 70.0025% for SPMP and Other 29.9975% for Non-SD/MC UR for consistency with prior-y	UR and rear method.	\$	66,645 2,904 110,676	\$	54,250 2,363 (56,613)	\$	120,895 5,267 54,063	
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.								

Provide	r NAPA COUN	JTY			Provider Number 00028	N	lo. of Adj. 62		Fiscal P June	eriod E 30, 20	
	Report Refe						As	l:	ncrease		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	Reported Reported			(D	ecrease)	Adjusted	
				ADJUSTMENTS TO REPORTED MODES OF SE	RVICE						
16	MH 1964	9	1	MODE COSTS (TOTAL)		\$	6,086,886	\$	16,270	\$	6,103,156
				To adjust Total Mode Costs per MH 1964 in conjunction with Adjustments 1-3, 8, and 10.							
				Inpatient Managed Care (adj. #1) Matrix (adj. #2) Program 2 (adj. #3) Costs transferred to MAA (adj. #8) Cooks' salaries (adj. #10)	\$ (65,859) (94,950) (6,217) 105,460 77,836 \$ 16,270						
17	MH 1964	8	1	SUPPORT SERVICES (MODE 60)		\$	173,260	\$	(17,114)	\$	156,146
				To adjust Support Services in conjunction with Adjustmer	ts 5 and 15.						
				Matrix (adj. #2) Cooks' salaries (adj. #10)	\$ (94,950) 77,836 \$ (17,114)						
18 19	MH 1964 MH 1964	4 5	1	DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 AND 2)  To adjust reported costs at the mode level in conjunction with	Adjustments	\$	585,169 4,869,853	\$	(11,075) 44,459	\$	574,094 4,914,312
				* Balance carried forward to subsequent adjustment.  * Balance brought forward from prior adjustment.	ion.						

Provide	Г				Provider Number	No. of Adj.	Fiscal P	eriod Ended
	NAPA COUN	ITY			00028	62	June	30, 2003
	Report Refe	rence				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED GROSS COS	<u>ST</u>			
		_		MODE 10 AND MODE 15		\$ 123,387	\$ (2,512)	\$ 120,875
20	MH 1966A	3		SERVICE FUNCTION 10/85 SERVICE FUNCTION 10/91		\$ 123,367 224,736	(4,573)	220,163
21	MH 1966A MH 1966A	3		SERVICE FUNCTION 10/91		196,054	(3,990)	192,064
22	MH 1966A	3		SERVICE FUNCTION 15/01		1,213,191	(24,692)	1,188,499
23	MH 1966A	3		SERVICE FUNCTION 15/10		281,532	(5,730)	275,802
25	MH 1966A	3	Ì	SERVICE FUNCTION 15/30		244,282	(4,971)	239,311
26	MH 1966A	3		SERVICE FUNCTION 15/40		1,086,941	121,503	1,208,444
27	MH 1966A	3	}	SERVICE FUNCTION 15/50		2,373	(48)	2,325
28	MH 1966A	3		SERVICE FUNCTION 15/58		7,448	(152)	7,296
29	MH 1966A	3		SERVICE FUNCTION 15/60		1,145,795	(23,320)	1,122,475
30	MH 1966A	3		SERVICE FUNCTION 15/70		585,380	(11,912)	573,468
31	MH 1966A	3		MODE 15 - PROGRAM 2 SERVICE FUNCTION 15/66: FFS - PSYCHIATRIST		24,200	2,465	26,665
32	MH 1966A	3		SERVICE FUNCTION 15/31: FFS - PSYCHOLOGIST		127,027	(580)	126,447
33	MH 1966A	3		SERVICE FUNCTION 15/32: FFS - LCSW		59,209	1,155	60,364
34	MH 1966A	3		SERVICE FUNCTION 15/33: FFS - MFCC		92,474	(9,257)	83,217
				To adjust the Medi-Cal reported gross cost at the service function level to reflect the RVS method of allocation.	ion			
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

Provide	r NAPA COUN	JTY			Provider Number 00028	No	o. of Adj. 62			eriod End	1
	Report Refer					<del></del>	As	Ir	ıcrease		As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	R	eported	(De	ecrease)	A	djusted
				ADJUSTMENTS TO REPORTED GROSS COS	<u>5T</u>						
35 36	MH 1966A MH 1966A	3 3	E J	SERVICE FUNCTION 55/09 SERVICE FUNCTION 55/24		\$	6,410 27,680	\$	(6,060) 6,060	\$	350 33,740
				To reclassify the MAA costs to the proper service function to a County's records.	gree with the						
				ADJUSTMENTS TO REPORTED TOTAL UNIT	<u>s</u>						
37	MH 1966A	2	E	SERVICE FUNCTION 15/40			446,603		60,240		506,843
				To adjust total units to agree with the County's records.							
			:								
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.							

Provide	r			Pro	vider Number	No. of Adj.	Fiscal Pe	riod Ended
	NAPA COUN	1TY			00028	62	June 3	0, 2003
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2				
38 39 40 41	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9A 10 10A	Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 TOTAL  To adjust the as settled (MH 1966A) SD/MC units of service/time for county operated facilities to agree with the State DMH Approved Cla Report dated January 31, 2007. Above adjustments include Phase Copies of workpapers detailing adjustments by service functions hav been provided to the County. See the MH 1970 worksheets, which is the units for the three (3) reimbursement periods.	nims II. ve	235,345 709,738 5,230 1,871 19,469 971,653	2,081 5,960 330 60 	237,426 * 715,698 * 5,560 * 1,931 * 19,469 * 980,084 *
42 43 - 44 -	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9A 10 10A	Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDI-CAL UNITS - 10/01/02 to 06/30/03  MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03  ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02  ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03  TOTAL  To adjust the SD/MC units of service/time per the State DMH Approx Claims Report to the county's ECHO report. Above adjustments incl Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which in the units for the three (3) reimbursement periods.	ude Phase II. re	** 237,426  ** 715,698  ** 5,560  ** 1,931  ** 19,469  ** 980,084	(560) (70) 0 (60) 0 (690)	236,866 * 715,628 * 5,560 * 1,871 * 19,469 * 979,394 *
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

Provide	r		····		Provider Number	No. of Adj.	Fiscal P	eriod Ended
	NAPA COUN	ITY			00028	62	June	30, 2003
	Report Refe	rence				As	Increase	As
Adj.	Form/	1:	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	COI.	ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND	<u>s</u> 2			
- 45 - - -	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9A 10 10A	Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 TOTAL  To adjust SD/MC units to incorporate the controls of the lower records or the State DMH Approved Claims Report. Above ad include Phase II. Copies of workpapers detailing adjustments functions have been provided to the county. See the MH 1970 which reflect the units for the three (3) reimbursement periods.	justments by service worksheets,	** 236,866 ** 715,628 ** 5,560 ** 1,871 ** 19,469 ** 979,394	(610) 0 0 0 (610)	236,866 * 715,018 * 5,560 * 1,871 * 19,469 * 978,784 *
46 47 48 - -	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9A 10 10A	Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 TOTAL  To adjust for disallowed claims determined by the county.		** 236,866 ** 715,018 ** 5,560 ** 1,871 ** 19,469 ** 978,784	(2,016) (5,190) (1,615) 0 (8,821)	234,850 709,828 3,945 1,871 19,469 969,963
			;	* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	r				Provider Number	No. of Adj.		eriod Ended
	NAPA COUN	ITY			00028	62	June	30, 2003 —————————
	Report Refer	ence				As	Increase	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT	<u>S -</u>			
49 50 51 -	МН 1966А МН 1966А МН 1966А МН 1966А	8 8A 10 10A	Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 TOTAL  To adjust the as settled (MH 1966A) SD/MC units of service/tir County's contract providers to agree with the State DMH Appre Report dated January 31, 2007. Above adjustments include P Copies of workpapers detailing adjustments by service functio been provided to the County. See the MH 1970 worksheets, v the units for the three (3) reimbursement periods.	oved Claims Phase II. ns have	88,306 210,413 706 531 299,956	(481) 494 (60) 0 (47)	87,825 * 210,907 * 646 * 531 * 299,909 *
52 53 54 -	MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 10 10A	Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 TOTAL  To adjust the SD/MC units of service/time per the State DMH / Claims Report to the county's ECHO report. Above adjustment Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, with the units for the three (3) reimbursement periods.	nts include Phase II. ns have	** 87,825 ** 210,907 ** 646 ** 531 ** 299,909	560 (89) 60 0 531	88,385 * 210,818 * 706 * 531 * 300,440 *
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Adj. No.	Report Refer Form/ Sch.				00028	62	June 3	0, 2003
1 -	Form/		1					
1 -	1	Line				As	Increase	As
No.	Sch.	Line		EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
		1	Col.	300 - 3				
				ADJUSTMENTS TO REPORTED SD/MC UNITS CONTRACT PROVIDERS	<u>3 -</u>			
55 - 56 - -	MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 10 10A	Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 TOTAL  To adjust SD/MC units to incorporate the controls of the lower of records or the State DMH Approved Claims Report. Above adjunctude Phase II. Copies of workpapers detailing adjustments of functions have been provided to the county. See the MH 1970 which reflect the units for the three (3) reimbursement periods.	ustments by service	** 88,385 ** 210,818 ** 706 ** 531 ** 300,440	(560) 0 (60) 0 (620)	87,825 * 210,818 * 646 * 531 * 299,820 *
57 58 - - -	MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 10 10A	Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 TOTAL  To adjust for disallowed claims determined by the county.		** 87,825 ** 210,818 ** 646 ** 531 ** 299,820	(107) (405) 0 0 (512)	87,718 210,413 646 531 299,308
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide	r				Provider Number	i	Vo. of Adj.		Fiscal P	eriod E	nded
	NAPA COUN	VTV			00028		62		June	30, 20	03
	Report Refe	rence					As		crease		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported		(D	ecrease)	Adjusted	
				ADJUSTMENTS TO REPORTED SETTLEMEN	<u>ıt</u>						
59	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS F	REIMB	\$	1,664,746	\$	(9,758)	\$	1,654,988
				To adjust reported Contract Provider Direct Medi-Cal Gross Reas a result of adjustments to the contract providers' SD/MC un service/time.	eimbursement its of						
60	MH 1979 MH 1979	21 27	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY TOTAL REIMBURSEMENT - COUNTY	,	\$ \$	1,768,641 - 1,768,641	\$ \$ \$	65,362 - 65,362	\$ \$ \$	1,834,003 - 1,834,003
61	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT P TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	ROVIDERS	\$ \$ \$	680,995 - 680,995	\$ \$ \$	11,194 - 11,194	\$ \$ \$	692,189 - 692,189
				To adjust Total SD/MC Reimbursement (FFP) due to the adjust reported costs and units.	tments to						
				ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT							
62	Sch. 4	8	3	TOTAL EPSDT SGF		\$	401,711	\$	(3,612)	\$	398,099
			The state of the s	To adjust the State General Fund share of EPSDT as a result to SD/MC reimbursements as reflected on Lines 16, 16A, 17, Column C of the form MH 1979 of the audited County and concost reports.	17A, and 18,						
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.							

# NAPA COUNTY COMMUNITY MENTAL HEALTH SERVICE SHORT-DOYLE/MEDI-CAL PROGRAM FINDINGS AND RECOMMENDATIONS FY 06/30/03

# FINDING 1 – ADMINISTRATIVE SERVICE AND SUPPLIES COSTS COMBINED WITH DIRECT SERVICES

The County properly reported administration salaries and benefits in the Total Administrative Costs line of the cost report. However, services and supplies costs related to administration were not part of the reporting.

#### **AUDIT AUTHORITY:**

DMH letter No. 94-01 dated January 10, 1994 Fiscal Year 2002-2003 Cost Report Instruction, CFRS-34 CMS Pub. 15-1, Sections 2306, 2307

#### **RECOMMENDATION:**

We recommend that the County devise a method of determining services and supplies cost applicable to the administration department. Failure to include services and supplies cost related to the administration department overstates direct services cost.

#### **AUDITEE'S RESPONSE:**

We agree with this finding. Beginning with Fiscal Year 2005-2006 Cost Report, the County allocates an applicable portion of services and supplies cost to the administrative staff in the Mental Health department.

# NAPA COUNTY COMMUNITY MENTAL HEALTH SERVICE SHORT-DOYLE/MEDI-CAL PROGRAM FINDINGS AND RECOMMENDATIONS FY 06/30/03

#### FINDING 2 - DUPLICATE ACCOUNTING OF MAA SALARIES AND BENEFITS

The cost of MAA services for certain employees are doubly accounted for in both the MAA Program and Administration. Because the county's method of determining direct services involves taking total costs less expenses from other programs, the county's double counting of expenses results in Direct Service Cost being understated.

#### **AUDIT AUTHORITY:**

Fiscal Year 2002-2003 Cost Report Instruction, CFRS-50

#### **RECOMMENDATION:**

We recommend that the County take steps to correct the duplicate accounting of the MAA salaries and benefits so as not to jeopardize future FFP reimbursement.

#### **AUDITEE'S RESPONSE:**

We agree with this finding. Beginning with Fiscal Year 2005-2006 Cost Report, the County took steps to correct the duplicate accounting of the MAA salaries and benefits.

# CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

**Fiscal Year 2002-2003** 

County: Napa County

County Code: 28

	Legal Entity: NAPA COUNTY	А	В	С
Leg	gal Entity Number: 00028	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	5,592,834	7,601,576	13,194,410
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(4,269,296)	(4,269,296)
4	Other Adjustments (Provide Detail)	(384,238)	1,301,073	916,835
5	Total Costs Before Medi-Cal Adjustments	5,208,596	4,633,353	9,841,949
6	Medi-Cal Adjustments from MH 1961			(147,079)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			9,694,870
	Administrative Costs (County Only)			
9	SD/MC Administration			1,584,867
10	Healthy Families Administration			
11	Non-SD/MC Administration			1,826,622
12	Total Administrative Costs			3,411,489
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			120,895
14	Other SD/MC Utilization Review			5,267
15	Non-SD/MC Utilization Review			54,063
16	Total Utilization Review Costs			180,225
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			6,103,156
19	Total Costs - Lines 9 through 18			9,694,870

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

#### **DEPARTMENT OF MENTAL HEALTH**

Fiscal Year 2002-2003

County: Napa County

County Code: 28

Legal Entity: NAPA COUNTY	Α	В	С
Legal Entity Number: 00028	Salaries		Total
	and Benefits	Other	Adjustments
1 EQUIPMENT DEPRECIATION		19,947	19,947
2 Inpatient Managed Care (Adj. #1)		(65,859)	(65,859)
3 Matrix Cost (Adj. #2)		(94,950)	(94,950)
4 Program 2 Costs Adjustments (Adj. #3)		(6,217)	(6,217)
5			
6			
7			
8			
9			
10			
11			
12			
[13]			
14			
15			
16			
17			
18			
19			
20 Total Adjustments		(147,079)	(147,079)

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

**DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003** 

County: Napa County County Code: 28

	Legal Entity: NAPA COUNTY	A
Le	gal Entity Number: 00028	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	6,103,156
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	111,090
4	Day Services (Mode 10)	574,094
5	Outpatient Services (Mode 15 Program 1 + Program 2)	4,914,312
6	Outreach Services (Mode 45)	77,827
7	Medi-Cal Administrative Activities (Mode 55)	269,687
8	Support Services (Mode 60)	156,146
9	Total - Lines 2 through 8	6,103,156

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04) DETAIL COST REPORT

County: Napa County

	County Code: 28			CR					
	Legal Entity: NAPA COUNTY		Α	В	С	D	E	F	G
Le	gal Entity Number: 00028			Service	Service	Service	Service	Service	Service
	Mode: 05 - Other 24 Hour Services (A	l Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
				60					
1_	Allocation Percentage		100.00%	100.00%			ļ <u></u>	<b></b>	ļ
2_	Total Units		141,000	322		ļ			-
3	Gross Cost		111,090	111,090					- Herenander
4	Cost per Unit			345,00					
5	SMA per Unit								
6	Published Charge per Unit			345.00					
17777	Negotiated Rate / Cost per Unit			arijiaranggara					1,212,010,111,111,111,111
8	Medi-Cal Units	07/01/02 - 09/30/02							
8A	Modi-dai Offics	10/01/02 - 06/30/03							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A	The disarchited Sar Stocker Strike	10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02					ļ		
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03			ļ	-		<del> </del>	
11	Healthy Families (SED) Units	07/01/02 - 09/30/02				<del> </del>		<del> </del>	
11A		10/01/02 - 06/30/03		200					ļ
12	Non-Medi-Cal Units			322		accessors of		Language and the	
13	Medi-Cal Costs	07/01/02 - 09/30/02							
13A	inical car costs	10/01/02 - 06/30/03							
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02							
14A		10/01/02 - 06/30/03							
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03						ļ	
16 16A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03	<del> </del>			<b></b>			
7-1-1-1							gida era i i santa		- <u>California de la 1917</u> 0
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							ļ
18A		10/01/02 - 06/30/03						ļ	
19 19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03						<del> </del> -	
20		07/01/02 - 09/30/02						<del> </del>	
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
		น้อง รักรี และ และ และ เลย มีสมัย ก็สูง คล และ เลย เลย ก็สูง ค							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
22A 23		07/01/02 - 09/30/02	-						
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03							V.100
24		07/01/02 - 09/30/02							
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
100000	Enhanced SD/MC (Potus) Ct-			300000000000	12:212:00:212:212:0	<u>Partition de la contract</u>			27-27-17-17-17-17-17-17-17-17-17-17-17-17-17
	Enhanced SD/MC (Refugees) Costs Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	<del></del>						
	Enhanced SD/MC (Refugees) SMA Upper Limits Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03 07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Regotiated Rates	07/01/02 - 06/30/03						<del></del>	
1014141				1469714143361	4.674.14.463.14				
29	Healthy Families Costs	07/01/02 - 09/30/02						ļ	
29A		10/01/02 - 06/30/03							
30 30A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03	i						
30A	The same of the sa	07/01/02 - 09/30/03						<del> </del>	
31A	Healthy Families Published Charges	10/01/02 - 06/30/03						· · · · · · · · · · · · · · · · · · ·	
32		07/01/02 - 09/30/02							
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
2000	No. Madi Cal Casts	11.11.11.11.11.11.11.11.11.11.11.11.11.	444.686					22.000.000.000	
33	Non-Medi-Cal Costs		111,090	111,090				<u></u>	

#### DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: Napa County County Code: 28

	County: Napa County County Code: 28			CR	CR	CR	CR		
	Legal Entity: NAPA COUNTY		Α	В	С	D	F	F	G
Le	gal Entity Number: 00028			Service	Service	Service	Service	Service	Service
1	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
			1 [	85	91	95	96		
1	Allocation Percentage		100.00%	21.05%	38.35%	33.46%	7.14%		
2	Total Units			650	2,850	1,593	365		
3	Gross Cost		574,094	120,875	220,163	192,064	40,992		<del> </del>
4	Cost per Unit	<u> 190 alia ta ta</u>		185.96	77.25	120.57	112.31	***********	1
5	SMA per Unit			177.60	73.77	115.14	115.14		
6	Published Charge per Unit			171.59	71.28	111.25	111.25		
7	Negotiated Rate / Cost per Unit								
8		07/01/02 - 09/30/02		31	881		111111111111111111111111111111111111111	*1-1-1-1-1-1-1-1-1-1-1	1-
8A	Medi-Cal Units	10/01/02 - 06/30/03		41	1,387	1,365			<del> </del>
9		07/01/02 - 09/30/02			1,007	1,000			
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							<del></del>
10		07/01/02 - 09/30/02		41					
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03		48					
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03	<del>                                     </del>	40					
11	<u> </u>	07/01/02 - 09/30/03							
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03							
12	Non-Medi-Cal Units	110/01/02 - 00/30/03		489	582	228	365		
	Tron Modi Odi Onito		<del> </del>			044		<u></u>	<del>paragram</del>
13	Medi-Cal Costs	07/01/02 - 09/30/02	73,822	5,765	68,057				
13A	Modification of the control of the c	10/01/02 - 06/30/03	279,345	7,624	107,146	164,575			İ
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	70,497	5,506	64,991				
14A	trodi-od/ on/ toppor cirrito	10/01/02 - 06/30/03	266,767	7,282	102,319	157,166			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	68,117	5,319	62,798				
15A	- Integrated only	10/01/02 - 06/30/03	257,757	7,035	98,865	151,856			
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A	Medi-odi Negotialea Nates	10/01/02 - 06/30/03							· · · · · · · · · · · · · · · · · · ·
17		07/01/02 - 09/30/02							<u> </u>
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18	Marking and discount of the control	07/01/02 - 09/30/02							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
19	Marking Mark Cal Carrage Dublished Channel	07/01/02 - 09/30/02							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A	Wedicate/Wedi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
21		07/01/02 - 09/30/02	7,624	7,624	territoria del como c			A CONTRACTOR OF THE SECOND	Total Charles
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03	8,926	8,926					
22		07/01/02 - 09/30/02	7,282	7,282		<del></del>			
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	8,525	8,525					
23		07/01/02 - 09/30/02	7,035	7,035				<del></del>	
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	8,236	8,236				<del></del>	
24		07/01/02 - 09/30/02	0,230	0,200	<del></del>	<del></del>			
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03	<del> </del>						
111111				Personal Control	4444444	Saprana a	200000000000000000000000000000000000000		
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	<u></u>	**.*.*.****					***********
29		07/01/02 - 09/30/02						**********	<u> andreas de la </u>
29A	Healthy Families Costs	10/01/02 - 06/30/03							
30	Dankley Constitution (NAMI)	07/01/02 - 09/30/02		-					
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03		<del></del>		·			
31	United Constitution Constitution	07/01/02 - 09/30/02		·					
31A	Healthy Families Published Charges	10/01/02 - 06/30/03	<del></del>				<del></del>		
32	Line to the second seco	07/01/02 - 09/30/02	<u> </u>				-		
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03				<del></del>			
11:11:1	No. Madi Cal Casta		204 272	00.025	44.000	07.496	40.000	<u> </u>	
33	Non-Medi-Cal Costs		204,376	90,935	44,960	27,489	40,992		

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: Napa County

	County Code: 28			CR	CR	CR	CR	CR	CR
	Legal Entity: NAPA COUNTY		A	В	С	D	E	F	G
Le	gal Entity Number: 00028			Service	Service	Service	Service	Service	Service
-	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
$\vdash$			1	01	10	30	40	50	60
1	Allocation Percentage		100.00%	25.78%	5.98%	5.19%	26.21%	0.05%	24.35%
2	Total Units		100.00 /6	641,315	115,676	100,371	506,843	975	253,234
3	Gross Cost		4,610,323	1,188,499	275,802	239,311	1,208,444	2,325	1,122,475
100			7,010,023						
4	Cost per Unit			1.85	2.38	2.38	2.38	2.38	4.43
5	SMA per Unit			1.77	2.28	2.28	2.28	2.28	4.23
6	Published Charge per Unit			1.71	2.20	2.20	2.20	2.20	4.09
7	Negotiated Rate / Cost per Unit					.,.,			
8		07/01/02 - 09/30/02		82,854	11,352	6,810	46,002	210	29,960
8A	Medi-Cal Units	10/01/02 - 06/30/03		172,980	41,454	16,307	178,705	585	100,010
				172,900	41,454	10,307	1/0,/00	585	100,010
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02	petetoteketekisitistisii kasasakkistoskasi						5.00**
9A		10/01/02 - 06/30/03							5,230
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		285		·			725
10A	V	10/01/02 - 06/30/03		1,300	100	660	12,336		1,305
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11/	Tricality Farmies (OLD) Office	10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			383,896	62,770	76,594	269,800	180	116,004
1223		07/04/00 00/00/00	400.007		1414141414141414141414	4241404141414141414141			
13	Medi-Cal Costs	07/01/02 - 09/30/02	492,227	153,547	27,066	16,237	109,681	501	132,799
13A		10/01/02 - 06/30/03	1,500,405	320,570	98,837	38,880	426,079	1,395	443,300
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	470,265	146,652	25,883	15,527	104,885	479	126,731
14/		10/01/02 - 06/30/03	1,433,561	306,175	94,515	37,180	407,447	1,334	423,042
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	454,186	141,680	24,974	14,982	101,204	462	122,536
15A	Woul-Oat i ubilotted Citalges	10/01/02 - 06/30/03	1,384,450	295,796	91,199	35,875	393,151	1,287	409,041
16	Madi Cal Nagotisted Data	07/01/02 - 09/30/02							
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03					-		
22.12			<del>langanagaa</del>		<u></u>	200000000000000000000000000000000000000			
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	<u> </u>						
17A		10/01/02 - 06/30/03	23,182						23,182
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A	The state of the s	10/01/02 - 06/30/03	22,123						22,123
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A	incuration meditoral orosavver rubilisties offarges	10/01/02 - 06/30/03	21,391						21,391
20	Medicara/Medi Cal Crossaves Nagatistad Detec	07/01/02 - 09/30/02							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03				-			
100				الينين تتسنت					
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	3,742	528					3,214
21A		10/01/02 - 06/30/03	39,739	2,409	238	1,574	29,412		5,784
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	3,571	504					3,067
22A	Landineed OD/MO OMA Opper Limits	10/01/02 - 06/30/03	37,987	2,301	228	1,505	28,126		5,520
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	3,453	487					2,965
23A	Limanced Sphilo Published Charges	10/01/02 - 06/30/03	36,668	2,223	220	1,452	27,139		5,337
24	[	07/01/02 - 09/30/02	,						- 3,55.
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03					-		
17.11.1			-0.02				<u></u>	<u> </u>	
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
10000				datasa dalah terbe				<u> Parantanan da </u>	
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A	rioditry Farmines (vegotiated Nates	10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		2,551,029	711 444	149,660	102.000	642 272	400	514 105
100	INDITINIEUPOAI COSIS		2,001,029	711,444	149,000	182,620	643,272	429	514,195

#### DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2 Fiscal Year 2002-2003

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: Napa County
County Code: 28 CR

	County Code: 28		CR						
	Legal Entity: NAPA COUNTY		Н	I	J	K	L	М	N
Leg	gal Entity Number: 00028		Service	Service	Service	Service	Service	Service	Servic
	Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function	Function
			70						
1	Allocation Percentage		12.44%						
2	Total Units		160,835					<u> </u>	L
3	Gross Cost		573,468						
4	Cost per Unit	-1	3.57		1	1,	1		ladataladal+1+
5	SMA per Unit		3.41		<del> </del>		<del> </del>	<del> </del>	<del></del>
<u></u> 6	Published Charge per Unit		3.29		<del> </del>		<del> </del>	<del>                                     </del>	
7	Negotiated Rate / Cost per Unit		0.20			<del></del>	<del> </del>		
<u> </u>	regulated state 7 Cook per Crit				production and the	0.1000.000.000	111717111111111111		444444
8	Medi-Cal Units	07/01/02 - 09/30/02	14,695						
8A -	Medi-Oai Offits	10/01/02 - 06/30/03	48,055				1		
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A	Medicale/Medi-Cal Crossover Utilits	10/01/02 - 06/30/03							
10	E-1	07/01/02 - 09/30/02							
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03	90						
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	· · · · · · · · · · · · · · · · · · ·	07/01/02 - 09/30/02							
1A	Healthy Families (SED) Units	10/01/02 - 06/30/03					<del> </del>	<del> </del>	
2	Non-Medi-Cal Units	10101102 - 00100103	97,995		<del> </del>		<del> </del>		
۷.	Ron-Wedrodi Onite		**********						<u> </u>
3	Medi Cal Costs	07/01/02 - 09/30/02	52,396						
ЗА	Medi-Cal Costs	10/01/02 - 06/30/03	171,343						
14	Madi Cal CMA Hannahirati	07/01/02 - 09/30/02	50,110					1	
4A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	163,868					<del>                                     </del>	
5		07/01/02 - 09/30/02	48,347					<del> </del>	
5A	Medi-Cal Published Charges	10/01/02 - 06/30/03	158,101				<del> </del>	<del>                                     </del>	
6		07/01/02 - 09/30/02	100,101				<del> </del>	<del>                                     </del>	
6A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03						<del> </del>	
OΑ									*1*1*1*1*1*1*1
7		07/01/02 - 09/30/02							
7A		10/01/02 - 06/30/03							
8	Madis-as-Madis Cal Casassus-CMA Haras Limita	07/01/02 - 09/30/02							
8A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
9		07/01/02 - 09/30/02							
9A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
20		07/01/02 - 09/30/02					<del> </del>		
0A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03						<del> </del>	
UA		and the contract of the contra		anna ann an a				***********	121242223333333
1	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
1A	Emianced SD/MC Costs	10/01/02 - 06/30/03	321						
2	- 1 100 110 OLIVIII 11 11 11	07/01/02 - 09/30/02							
2A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	307			<del></del>			
3		07/01/02 - 09/30/02							
3A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	296				l	<del> </del>	
4		07/01/02 - 09/30/02	230			· · · · · · · · · · · · · · · · · · ·	-	<del></del>	
4A	Enhanced SD/MC Negotiated Rates					<u> </u>	j	<del> </del>	
		10/01/02 - 06/30/03	20000000000	<u> </u>	<u> </u>	<u>arinera</u>	<u> </u>	<u> </u>	ananan da da
5	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03		-					
6	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
127	,		PARTIE STREET						
9	Healthy Families Costs	07/01/02 - 09/30/02							
9A	rioditiy i diffilled Oosto	10/01/02 - 06/30/03							
0	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
ΑC	ricearry ramines own opper Limits	10/01/02 - 06/30/03							
1	Harliba Carallia Dublisha (O)	07/01/02 - 09/30/02				* * "			
1A	Healthy Families Published Charges	10/01/02 - 06/30/03							
2		07/01/02 - 09/30/02							
2A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03			<del></del>				
		15,01102 - 00/30/03			000000000000000000000000000000000000000				
-331	Non-Medi-Cal Costs		349,408						

DETAIL COST REPORT

### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

	County: Napa County  County Code: 28			TBS	MHS	MHS	MHS	MHS	
	Legal Entity: NAPA COUNTY		А	В	С	D	Е	F	G
Le	gal Entity Number: 00028		]	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function	Function
	A CONTRACTOR OF THE CONTRACTOR		ļ	58	66	31	32	33	
1_	Allocation Percentage		100.00%	2.40%	8.77%	41.60%	19.86%	27.38%	
2	Total Units			3,060	8,120	85,558	42,925	67,046	
3	Gross Cost		303,989	7,296	26,665	126,447	60,364	83,217	
4	Cost per Unit			2.38	3.28	1.48	1,41	1.24	
5	SMA per Unit			2.28	4.23	2.28	2.28	2.28	
6	Published Charge per Unit	<del></del>							
7	Negotiated Rate / Cost per Unit				<del></del>	*			
8	Maria Callinia	07/01/02 - 09/30/02		2,940	950	16,375	8,800	12,990	
8A	Medi-Cal Units	10/01/02 - 06/30/03			4,130	64,003	30,800	48,721	
9	Madiana Madi Cal Canagayas Linita	07/01/02 - 09/30/02							
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
10	Enhanced CD/MC Haite	07/01/02 - 09/30/02				295	475	50	
10A	Enhanced SD/MC Units	10/01/02 - 06/30/03				1,390	1,590	650	
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A	v)	10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			120	3,040	3,495	1,260	4,635	
13		07/01/02 - 09/30/02	62,829	7,010	3,120	24,201	12,375	16,123	4,0,40-1,000,000
13A	Medi-Cal Costs	10/01/02 - 06/30/03	211,938	7,010	13,562	94,591	43,313	60,472	
14		07/01/02 - 09/30/02	97,738	6,703	4,019	37,335	20,064	29,617	
14A	-Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	344,705	0,700	17,470	145,927	70,224	111,084	
15		07/01/02 - 09/30/02	044,700		17,470	140,021	70,224	711,004	·
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03	<del> </del>						
16		07/01/02 - 09/30/02							
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03	<u> </u>						
127:11			200000000000000000000000000000000000000						<u> </u>
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	ļ						
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19 19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
20		07/01/02 - 09/30/02							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
12.777				nalyguardi?gaa	and the state of the state of				
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	1,166			436	668	62	
21A	Estillation obtains	10/01/02 - 06/30/03	5,097			2,054	2,236	807	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	1,870			673	1,083	114	
22A		10/01/02 - 06/30/03	8,276			3,169	3,625	1,482	
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03				1414-1414-141		4444	
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 ~ 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29		07/01/02 - 09/30/02			datetet detatef (197)	41417141141414			
29A	Healthy Families Costs	10/01/02 - 06/30/03							
30		07/01/02 - 09/30/02					-		
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03							
31		07/01/02 - 09/30/02							
31A	Healthy Families Published Charges	10/01/02 - 06/30/03					+		
32		07/01/02 - 09/30/02							
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
71.2.2.2	Nine Madi Cal Casta	harranna diiddala	22,959	200	0.002	F 407	4 770	F 750	
[33	Non-Medi-Cal Costs		22,939	286	9,983	5,165	1,772	5,753	

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

**DETAIL COST REPORT** 

**DEPARTMENT OF MENTAL HEALTH** PAGE 1 OF 1 Fiscal Year 2002-2003

County: Napa County County Code: 28

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	County Code. 20		0, (	Oit				
	Legal Entity: NAPA COUNTY	Α	В	С	D	E	F	G
Le	gal Entity Number: 00028		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			20	20				
1	Allocation Percentage	100.00%	14.71%	85.29%				
2	Total Units		22,110	1				
3	Gross Cost	77,827	11,452	66,375				
4	Cost per Unit		0.52	66,374.99				
5	Non-Medi-Cal Units		22,110	1				
6	Non-Medi-Cal Costs	77,827	11,452	66,375				

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: Napa County

	County Code: 28		MAA	MAA	MAA	MAA	MAA	MAA
	Legal Entity: NAPA COUNTY	Α	В	C	D	E	F	G
Le	gal Entity Number: 00028		Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities		Mode Total Function		Function	Function	Function	Function
			01	04	07	09	11	14
1	Allocation Percentage	100.00%	64.68%	0.22%	2.61%	0.13%	5.22%	3.31%
2	Total Units		345,240	1,370	11,200	7,425	35,390	13,795
3	Total Expenditures	269,687	174,435	602	7,049	350	14,080	8,939
4	Cost per Unit		0.51	0.44	0.63	0.05	0.40	0.65
5	Non-Medi-Cal Costs	26,173						

## DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: Napa County

County Code: 28 MAA MAA MAA MAA MAA Legal Entity: NAPA COUNTY Н K M N Legal Entity Number: 00028 Service Service Service Service Service Service Service Mode: 55 - Medi-Cal Administrative Activities Function Function Function Function Function Function Function 17 21 24 27 35 Allocation Percentage 5.11% 0.02% 12.51% 1.43% 4.74% Total Units 32,792 21,635 90 33,000 4,680 Total Expenditures 13,782 66 33,740 3,870 12,774 Cost per Unit 0.73 1.02 0.42 0.83 0.59 Non-Medi-Cal Costs

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

**DETAIL COST REPORT** 

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

County: Napa County

County Code: 28

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	5 5 5 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5							
	Legal Entity: NAPA COUNTY	Α	В	С	D	E	F	G
L	gal Entity Number: 00028		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
		7	30	45	46			
1	Allocation Percentage	100.00%	94.02%		5.98%			
2	Total Units		111,120	94,950	1			
3	Gross Cost	156,146	146,807		9,339			
4	Cost per Unit		1.32		9,339.00			
5	Non-Medi-Cal Units (Same as Line 2)		111,120	94,950	1			
6	Non-Medi-Cal Costs (Same as Line 3)	156,146	146,807		9,339			

#### DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

	County: Napa County County Code; 28		-		REIMBITO	SEMENT TYPE	PC	I	PC		1	Costs	
	Legal Entity: NAPA COUNTY		A	В	C	D	E	F	G G	Т		J	К
Leg	al Entity Number: 00028		4	Mode 55		Total	Total Inpatient				Total Outpatient		Total Outpatient
			S. F.'s 01-09	S. F.'s 11-19, 31-39	0.51-04-5	] MAA	Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Exclude	Mode 15	(Col. i + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02	S.F.S 01-09	31-39	S. F.'s 21-29		Hospitai	Other	73,822	492,227	Program (2) 566,049	Program (2) 62,829	628,877
1A		10/01/02 - 06/30/03 07/01/02 - 09/30/02					<del> </del>		279,345 70,497	1,500,405 470,265	1,779,750	211,938 97,738	1,991,688 638,500
2A	Medi-Cal SMA	10/01/02 - 06/30/03							266,767	1,433,561	1,700,327	344,705	2,045,032
3 3A	Medi-Cal P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					<del> </del>		68,117 257,757	454,186 1,384,450	522,303 1,642,207		522,303 1,642,207
4	Medi-Cal N. R.	07/01/02 - 09/30/02											10.00
4A		10/01/02 - 06/30/03 07/01/02 - 09/30/02					<del> </del>		60 447	454,186	520,202	60.000	505 400
5A	Medi-Cal Gross Reimbursement	10/01/02 - 06/30/03							68,117 257,757		522,303 1,642,207	62,829 211,938	585,132 1,854,145
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02							(1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+	*1*241*1*1*1*1*1*	111111111111111111111111111111111111111	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 2 - 1 - 1	
6A 7		10/01/02 - 06/30/03 07/01/02 - 09/30/02						<u> </u>		23,182	23,182		23,182
7A	Medicare/Medi-Cal Crossover SMA	10/01/02 - 06/30/03								22,123	22,123		22,123
8 8A	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								21,391	21,391		21,391
9 9A	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
10		07/01/02 - 09/30/02						Transition.		CONTRACTOR	127777777777777		
10A	Medicare/Medi-Cal Crossover Gross Reim.	10/01/02 - 06/30/03							.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21,391	21,391		21,391
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02							68,117	454,186	522,303	62,829	585,132
11A		07/01/02 - 06/30/03 07/01/02 - 09/30/02						2311225111	257,757	1,405,841	1.210.00	211,938	1,875,536
12 12A	Enhanced SD/MC (Children) Cost	10/01/02 - 06/30/03							7,624 8,926	3,742 39,739	11,366 48,665	1,166 5,097	12,532 53,762
13 13A	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03							7,282 8,525	3,571 37,987	10,853 46,512	1,870 8,276	12,722 54,788
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02							7,035	3,453	10,488		10,488
14A 15		10/01/02 - 06/30/03 07/01/02 - 09/30/02							8,236	36,668	44,904		44,904
15A	Enhanced SD/MC (Children) N. R.	10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03							7,035	3,453	10,488	1,166	11,654
16A 17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03					<del>, , , , , , , , , , , , , , , , , , , </del>	*********	8,236	36,668	44,904	5,097	50,001
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C. Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03 07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							75,152	457,639	532,791	63,995	596,785
21A	(Excludes Refugees) Enhanced SD/MC (Refugees) Gross Reim.	10/01/02 - 06/30/03							265,993	1,442,508	1,708,501	217,035	1,925,537
22		07/01/02 - 06/30/03 07/01/02 - 09/30/02									<u> </u>	*************	
23A	Healthy Families Cost	10/01/02 - 06/30/03											
24 24A	Healthy Families SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
25	Healthy Families P. C.	07/01/02 - 09/30/02											
25A 26	Healthy Families N. R.	10/01/02 - 06/30/03 07/01/02 - 09/30/02											
26A	Theating Fallinies N. Is.	10/01/02 - 06/30/03							000000000	1474141-1-14141-14			
27 27A	Healthy Families Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
ZIA	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02							. Indeed I A should be	5,041	5.041		5,041
28A 29	Enhanced SD/MC (Children) Revenues	10/01/02 - 06/30/03								13,222	13,222		13,222
30	Enhanced SD/MC (Refugees) Revenues Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)		182,436	49,575	37,676	269,687							
33	Medi-Cal Eligibility Factor (Average)			70.0									
34	Revenue - MAA	107/01/02 00/03/03											
35A	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02 10/01/02 - 06/30/03	182,436	34,704	26,374	243,514			75,152 265,993	452,598 1,429,286	527,750 1,695,279	63,995 217,035	591,744 1,912,315
36 37	Net Due - Enhanced SD/MC (Refugees)	07/01/02 - 09/30/02											13,-1-10
37A	Net Due - Healthy Families	10/01/02 - 06/30/03											
	Amount Negotiated Rates Exceed Costs												
38 38A	SD/MC (includes Children)	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
39 40	Enhanced SD/MC (Refugees)												
40A	Healthy Families	07/01/02 - 09/30/02 10/01/02 - 06/30/03										(4) 40 40 40 40 40 40 40 40 40 40 40 40 40	

#### **DEPARTMENT OF MENTAL HEALTH**

#### **DETAIL COST REPORT**

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: Napa County

County Code: 28

Legal Entity: NAPA COUNTY

Legal Entity Number: 00028	Α	В	С	D	E	F
Data Type	Net Dire	ect Costs	FF	P	Effe	ctive
Data Type	(Gross Reim. C	osts - Revenue)	Dol	lars	FFI	<b>&gt;</b> %
Source	MH1	970s	MH1	970s	Calcu	lated
Course	Column N	Column Q	Column R Column U		Calcu	ialeu
Formula					(C6 / A6)	(D6 / B6)
Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -
Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03
1 05 - Hospital Inpatient (SFC 10-19)						President Services
2 05 - Other 24 Hour Services (All Other SFC)						
3 10 - Day Services	68,117	257,757	35,012	133,950		
4 15 - Outpatient (Program 1)	449,145	1,392,619	230,861	717,389	Performance	
5   15 - Outpatient (Program 2)	62,829	211,938	32,294	109,354	AND AND AND A	
6 Totals	580,091	1,862,314	298,167	960,693	A CONTRACTOR	
7 Totals from MH1979	580,091	1,862,314	298,167	960,693	96 (17 A) (18 A) (18 A) (18 A)	
8 Effective SD/MC FFP %					51.40%	51.59%

#### DETAIL COST REPORT

#### Fiscal Year 2002-2003

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

 County: Napa County
 FFP %
 FFP %

 County Code: 28
 MH1978 E8
 MH1978 F8

County Code: 28							MH1978 E8	MH1978 F8			
Legal Entity: NAPA COUNTY		A	В	С	D	E	F	G	Н	I	J
Legal Entity Number: 00028		Total	Total	Total		50%	51.40%	51.59%	Variable %	75%	Total
		MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement (County	Only)										
1 County SD/MC Direct Service Gross Reimburse	ement			2,522,322	2,522,322						
2 Contract Provider Medi-Cal Direct Service Gros	s Reimbursement		312,736	1,342,252	1,654,988						
3 Total Medi-Cal Direct Service Gross Reimburse	ment				4,177,310						
4 Medi-Cal Administrative Reimbursement Limit					626,597						
5 Medi-Cal Administration					1,584,867						
6 Medi-Cal Administrative Reimbursement					626,597	313,298					313,298
Healthy Families Administrative Reimbursemen	t (County Only)										
7 County Healthy Families Direct Service Gross F			<u> </u>	1-	12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
8 Healthy Families Administrative Reimbursemen											
9 Healthy Families Administration	C Citalic										
10 Healthy Families Administrative Reimbursemen	t								(4)4141414141414141414141		<u> </u>
									ना वस्तुवस्तु स्तु वस्तु वस्तु		
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Functions 01 - 0		182,436			182,436	91,218					91,218
12 Medi-Cal Admin. Activities Svc Functions 11 - 1		34,704			34,704	17,352					17,352
13 Medi-Cal Admin. Activities Svc Functions 21 - 2	9 (County Only)	26,374			26,374					19,781	19,781
14 Utilization Review-Skilled Prof. Med. Personnel	(County Only)				120,895					90,671	90,671
15 Other SD/MC Utilization Review (County Only)					5,267	2,634					2,634
	07/04/00 00/00/00			500.001	500.001		200.167				
16 SD/MC Net Reimbursement for Direct Services	07/01/02 - 09/30/02			580,091	580,091		298,167				298,167
	10/01/02 - 06/30/03			1,862,314	1,862,314			960,693	7 (00		960,693
Enhanced SD/MC Net Reimb. (Children)	07/01/02 - 09/30/02			11,654	11,654				7,689		7,689
18 Enhanced SD/MC Net Reimb. (Refugees)	10/01/02 - 06/30/03			50,001	50,001				32,501		32,501
18 Enhanced SD/MC Net Reimb. (Refugees)											
19 Total SD/MC Reimbursement Before Excess FF	P										1,834,003
20 Amount Negotiated Rates Exceed Costs - SD/M	IC & Enh. SD/MC										
21 Total SD/MC Reimbursement (FFP)											1,834,003
22 Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement (FFP)											1,834,003
24	07/01/02 - 09/30/02										<u>adadianangai</u>
Healthy Families Net Reimbursement	10/01/02 - 09/30/02										
25 Total Healthy Families Reimbursement Before E			:1								
26 Amount Negotiated Rates Exceed Costs - Healt											
27 Total Healthy Families Reimbursement	ily i aritilies					<u>kan anggalaja jajajala ini alajakalaka</u> Rajalahan lajalajajalaja jajalahalah					
21 Trotal readily Landines Membrasement	J	<u>manaminadid</u>				<u>nakan satatuji integisid</u>					